

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/12/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLEN LEHMAN ENDOSCOPY SUITE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 N UNIVERSITY BLVE, SUITE 4100 INDIANAPOLIS, IN 46202</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>Citation Text for Tag 0000, Regulation G0S3</p> <p>Otten, Nancy</p> <p>Surveyor: 33212 Facility Number: 012607</p> <p>Type of Survey: State Licensure Off Site AAAHC Accreditation Survey</p> <p>Date of AAAHC On Site Survey - ASC full survey April 23-24, 2013</p> <p>Date of ISDH off site review -August 12, 2013</p> <p>Reviewer/Surveyor - Nancy Otten, RN, PHNS</p> <p>Based on review of the April 23-24, 2013 AAAHC Accreditation Survey Report, it has been determined that Beltway Surgery Center, LLC dba Glen Lehman Endoscopy Suite meets the requirements for ASC Licensure in Indiana.</p>	S 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE